

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM  
MAY 7 12 07 PM '97

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <p style="font-size: 1.2em; text-align: center;">SEARCHLIGHT LEADERSHIP FUND</p>	2. DATE <p style="font-size: 1.2em; text-align: center;">MAY 7, 1997</p>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <p style="font-size: 1.2em;">245 2<sup>nd</sup> Street NE # 300</p>	3. FEC Identification Number 
(c) City, State and ZIP Code <p style="font-size: 1.2em;">Washington, DC 20002</p>	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

**5. TYPE OF COMMITTEE (Check one)**

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- |                   |                             |               |                |
|-------------------|-----------------------------|---------------|----------------|
| Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|                   |                             |               |                |
- (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee.  
(name of candidate)
- (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization

- Corporation  Corporation w/o Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

**7. Custodian of Records:** Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
Jennifer Burns	245 2 <sup>nd</sup> Street NE # 300 Wash DC 20002	Custodian

**8. Treasurer:** List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
Graham Mathews	2101 L Street NW Washington DC 20037	Asst. Treasurer
William Marion	245 2 <sup>nd</sup> Street NE # 300 Wash DC 20002	Treasurer

**9. Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
Nation's Bank	201 Pennsylvania Ave, SE Washington DC 20003

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER <p style="font-size: 1.2em;">William E. Marion</p>	SIGNATURE OF TREASURER 	DATE <p style="font-size: 1.2em;">MAY 7, 1997</p>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:  
 Federal Election Commission  
 Toll-free 800-424-9530  
 Local 202-219-3420

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FEC FORM 1

(revised 4/87)